**Medication Policy Concern Meeting**

**December 8, 2011**

**Meeting Notes**

Present:

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Christina Stevens, Meadow Hill Middle School Assistant Principal, 728-2400 4488 [cmstevens@mcps.k12.mt.us](mailto:cmstevens@mcps.k12.mt.us)

Dr. Kathy Rogers, Pediatrician Western Montana Clinic, 721-5600 [krogers@wmclinic.com](mailto:krogers@wmclinic.com)

Dr. Amy Haynes, Naturopathic Physician 721-2147 [info@dramyhaynes.com](mailto:info@dramyhaynes.com)

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1. A brief explanation and introductions were given by all. All invited were present, see above. Dr. Haynes, as a practicing physician, parent and community member, had brought a concern about the present medication policy to the school district last spring. This group, who has a wide range of expertise, was brought together to hear this concern and to offer the school district advisement as to possible changes to the present policies and procedures.
2. Dr. Haynes explained what the issue is and what concerns she has. Very briefly, the concern is are various supplements actually medications and is having all medications and/or supplements in the office and supervised by school staff with a practitioner “order” really needed and in the overall best interest of the student. Prior to this explanation, all present were told that after this explanation, they would be asked to reflect using two guiding questions: “What main points or big ideas did you take from the presentation” and “What questions or issues does this now raise.” Those written responses would be used for meeting notes: see below.
3. Individual reflection time with using above questions \* See notes below\*
4. Group discussion
5. Plan:
   1. Linda will write notes of meeting and send to all.
   2. Linda will establish WIKI site for shared use of other research, notes, etc.
   3. Linda will ask other state and national if needed school nurses for medication polices that have differentiated between prescription or non-prescription medication and medications and supplements.
   4. All involved may continue research and share with group.
   5. Next meeting is February 23rd at 4 pm, same room ( Room 25 at Administration Building)

Written notes from individuals:

**After listening to this presentation, what are the main points or “big ideas” you took from this? Please name at least 1-2.**

* How can you tell the difference between supplement and Rx med?
* Can school nurse give out meds?
* Screening for Type 2 Diabetes starts at puberty or 10 years of age
* Wants child to be able to take supplements on their own – concern with opposition from other parents & danger to other children if share.
* If supplement with vitamin, are they in dietary doses or pharmacological doses?
* Is the school policy out of date or the language?
* Vitamins & supplements are not addressed in the school policy. “Supplement” – where do you draw the line?
* Policy out of date – needs to be flexible to changes as needed
* Lunch time is effective time for supplements as treatment
* How do we tell the difference between supplements & over-the-counter medication, prescription drugs if illegal drugs?
* Allow parents to put supplements into the lunchbox – by-pass the secretary.
* Childhood health problems increasing & requiring more serious meds.
* How do we enforce a policy? Want sensible & enforceable
* Compounding pharmacies – create creams, unlabeled capsules? Too similar to other natural supplements
* Clear distinction between what needs a parent note, a physician’s orders, or nothing.
* How do we know if kids are taking medications/drugs or vitamins?
* What will the policy be if we are doing this for the future as well?
* I am very concerned about students sharing medication/vitamins etc.
* Enforceable policy regarding medication & supplementation
* Policy that fits the needs of children
* Managing children’s health education
* Substances would be more apt to be in schools and kids who really are not mature enough to handle (i.e. not sharing- taking) will have them.
* Less regulation
* Seems like OTC meds & supplements should not be prohibited for students to carry and administer themselves.
* Are there policies in other districts that are more sensible regarding supplements?
* I think a form listing supplements with a photo should suffice at least 9-12.
* The school has a simple policy regarding meds.
* Parents often want/need to give a child some type of Rx they feel is warranted during school hours.
* Dr. Haynes wants to be up front and in keeping with the school regulations but doesn’t think the office staff can manage the task due to volume, potential complexity or on the other hand it doesn’t need a monitor – this based on her educational perspective

**What questions or issues does this now raise? Please name at least 1-2.**

* How to change language in policy for current naturopathic culture?
* Compounding pharmacies make medications on unlabeled capsules that contain prescription medication.
* Would parent note & photograph of supplement be enough for child to take on their own?
* What is the supplements intended purpose?
  + Is it “medical” or “therapeutic” or is it to supplement “nutrition?”
* How do we address marijuana?
* Avoid students sharing. Is the lunch room the right place?
* Are there 3 categories of needs?
  + Parent permission
  + Dr. note/Rx
  + Nothing – but ok “cough drops”
* Staff policy?
* Are all supplements safe?
* Does another school have a better policy?
* How might we differentiate the policy to address:
  + K-5
  + 6-8
  + 9-12
  + And
  + No need for any note/contact with nurse or secretary
  + A parent note
  + Physician’s orders
* What is SPICE?
* Intended use?
* What are other policies that school districts are using to address this?
* If we allow students to take vitamins in their boxes then how do we know they are taking what they should?
* How do we ensure that students taking vitamins/supplements aren’t sharing with others?
* This is an even greater issue at the high school & middle school level. The mentality is “my headache is really bad – I’ll take 4.”
* How does policy get changed?
* Pro-active participation by schools regarding children’s health issues.
* Worry about kids sharing – show & tell
* Burden on teachers to decipher
* How do we categorize different “substances”?
* How does this look at older grades?
* Some parents aren’t responsible and then are we liable – it will influence school days.
* Nurses need provider orders to administer & need orders at high schools. Are more students carrying anyway? – it is ironic that other staff may be in position of monitoring yet nurse is limited in assisting with orders.
* How to change this language to make it sensible and what will work – and is enforceable……..note/photo/doc note; monitor, flu. Instruction between what needs to go through school nurse/what needs Rx.
* Where is the documentation & evidence for use of many of these products?
* How truly pressing is the “need”? Different choices, styles, and beliefs impact what the bottom line can be.
* If a child “needs” that many supplements? Are they healthy enough to be in school?
* Agree blood sugar can be an issue – but why not food. Check glucometer. Agree the pop machine should be OUT of the school.
* Compliance is a HUGE issue when the kids just take it on their own.
* Why not put a medication room in school vs. using “drugs”?
* Many parents are uneducated/ignorant/of the choice of supplement.
* What about MD’s, ND’s, PNP’s, etc. who aren’t responsible or knowledgeable.
* Concerns: Sharing, Safety & quantity, Different by grade level

**Additional notes form group discussion**

* Worries about sharing
* Feels policy needs to be changed – Lactaid? – should be able to take.
* Would be comfortable seeing some change happen
* Kids often don’t make good decisions – may take too many
* Has had kids try to sell vitamins (pretending they were narcotics)
* Many high school students probably have supplements, IB etc. on them
* Prescribed meds on kids – discipline
* Most kids follow med policy
* Can envision policy to take own supplements – could see parent form on file
* Have kids with green card, THC capsules
* Are there other districts with more liberal policies?
* Complicated issue – stair stepping grade levels
* Brownie CS Porter
* Not all parents have their child’s best interest
* Agreed mostly can identify pharmaceutical vs. non except compounding
* Concern about sharing
* If the intent of supplement is nutrition, it’s different than if it’s meant to treat a medical concern.
* Has had experience with kid in home situation where kids had THC – from compounding marijuana.